

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PCT NATIONAL STAGE APPLICATION OF
HIRSCH ET AL.

INTERNATIONAL APPLICATION NO: PCT/EP2004/003513

FILED: 2 APRIL 2004

U.S. APPLICATION NO: Not Yet Known

35 USC §371 DATE: Herewith

FOR: PHARMACEUTICAL COMPOSITION COMPRISING AN
IMMUNOSUPPRESSANT FOR USE IN THE TREATMENT OF SKIN
DISEASES

MS: Amendment

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is being filed within three months of the date of entry of the national stage as set forth in 37 C.F.R. §1.491 of the international application. Therefore, no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

The listed references were cited in the international stage search report. Since these references are of record in the instant PCT application PCT/EP2004/003513, copies are not enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,



Gregory C. Houghton
Attorney for Applicants
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One Health Plaza, Building 104
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(862) 778-2614
Date: 9/23/05

10/550357

Sheet 1 of 2

FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
PD/4-32804A
APPLICATION NO.
Not Yet Known
APPLICANT
HIRSCH ET AL.
FILING DATE
Herewith

Group

JC14 Rec'd PCT/PTO 23 SEP 2005

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	2002/044967	4/18/02	Ibuki et al.			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM	0 812 588	12/17/97	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AN	1 064 942	1/3/01	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AO	1 273 288	1/8/03	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AP	2 327 610	2/3/99	GB			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	96/13249	5/9/96	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	Kapp et al., "Long-Term Management of Atopic Dermatitis in Infants with Topical Anti-Inflammatory Drug", Journal of Allergy and Clinical Immunology, Vol. 110, No. 2, pp. 277-284 (2002).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

FORM PTO-1449
(REV. 7-85)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Sheet 2 of 2

ATTY. DOCKET NO.
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Group

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	97/25977	7/24/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CB	00/32234	6/8/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC	03/074054	9/12/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD	2004/016289	2/26/04	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
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	CJ						<input type="checkbox"/>	<input type="checkbox"/>
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	CM						<input type="checkbox"/>	<input type="checkbox"/>
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	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
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	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

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